

LEGAL STATUS:

- | | |
|---|---|
| <input type="checkbox"/> <i>Sole Proprietorship</i> | <input type="checkbox"/> <i>For Profit</i> |
| <input type="checkbox"/> <i>Partnership</i> | <input type="checkbox"/> <i>Not for Profit</i> |
| <input type="checkbox"/> <i>Corporation</i> | |
| <input type="checkbox"/> <i>Limited Liability Company</i> | <input type="checkbox"/> <i>Publicly Traded Company</i> |

Foreign corporations must register with the Arizona Corporation Commission. If applicable, attach documentation that you have registered in Arizona:

Document #: _____ Date Registered: _____

Date of original establishment: ____ - ____ - ____

FOR PROFIT

Corporation Name	Date of Incorporation	State Incorporated In

List (or attach a list) of the owner/ownership or LLC members of the institution. List name, title, and percentage of ownership of each owner of the institution and if the institution and/or if the owner is a corporation or LLC, list same for each member of the Board of Directors/Members.

List (or attach a list) of the Board of Directors and their respective position.

If any person listed above does business under any other name or has 20% or more ownership in any other corporation, please list:

NOT FOR PROFIT

Corporation Name	Date of Incorporation	State Incorporated In

List (or attach a list) of the members of the Board of Trustees and their respective position.

FINANCIAL SUMMARY – Do NOT leave blank or note “refer to information contained in the financial statements or other documents”. *This information must match the Fiscal Year End and In-House financial statements submitted with the application in Tab 6. Financial information must also be submitted to verify the Arizona Campus location in Tab 6.*

FISCAL YEAR ENDING: _____

	Arizona Campus Location	Parent Company-Consolidated
Current Assets		
Other Assets		
Total Assets		
Current Liabilities		
Long Term Liabilities		
Equity		
Total Liabilities & Equity:		
Calculate Current Ratio:		

	Arizona Campus Location	Parent Company-Consolidated
Gross Tuition Revenue		
Other Revenue		
Total Revenue		
Expenses:		
Net Income:		

Note: This information, to include enrollment data, is reported to the Arizona Legislature annually. Accuracy is critical.

Based upon your last fiscal year-end:

Total Gross Tuition for Vocational Programs
Total Gross Tuition Revenue for Degree Programs
Equals total Gross Tuition Revenue

If accredited:

Default Rate for last three years: _____

ACCREDITED INSTITUTIONS – DOE COMPOSITE SCORE: _____

If you are an accredited institution and participate in Title IV Funding, you must submit the DOE Composite Score. Your accountant/accounting department should be able to assist you.

Additional Financial Information required if the Fiscal Year End Statements are older than 6 months.

Current In-house Ending_____

Please Note: The financial summary is not considered a Current In-House Financial statement. If the fiscal year-end financials are over six months old, a current in-house statement (balance sheet and profit and loss) should be submitted in the financial section (Tab 6). *Financial information must also be submitted to verify the Arizona Campus location*

	Arizona Campus Location	Parent Company-Consolidated
Current Assets		
Other Assets		
Total Assets		
Current Liabilities		
Long Term Liabilities		
Equity		
Total Liabilities & Equity:		
Calculate Current Ratio:		

	Arizona Campus Location	Parent Company - Consolidated
Gross Tuition Revenue		
Other Revenue		
Total Revenue		
Expenses:		
Net Income:		

BACKGROUND INFORMATION (Read carefully)

If you answer “yes” to any of the following, submit a detailed explanation of each as an attachment to this application (except question #7).

1. Have any persons listed in the ownership of the institution or has the institution, ever declared bankruptcy or sought relief under the bankruptcy laws as an individual or a corporation?
☐ **Yes** ☐ **No**
If yes, submit a detailed explanation as an attachment (staple) to this renewal application.
2. Has there been taken (since the last license application submission) or is there now pending any legal action of any type (including injunctive orders) against this institution, corporation, or persons listed under ownership?
☐ **Yes** ☐ **No**
If yes, submit a detailed explanation as an attachment (staple) to this renewal application.
3. Are there any current law enforcement, state, governmental, accrediting agency, or HEA guarantee agency investigations involving this institution or persons listed under ownership?
☐ **Yes** ☐ **No**
If yes, submit a detailed explanation as an attachment (staple) to this renewal application.
4. Have there been any changes (since the last license application submission) in eligibility for, participation in or access to any federal student aid programs that limit or adversely affect program eligibility, program participation or program access?
☐ **Yes** ☐ **No**
If yes, submit a detailed explanation as an attachment (staple) to this renewal application.
5. Have any of the Owners and/or Board of Directors/Trustees listed in the “Legal Status” section been convicted in this state or any other state or jurisdiction, of a felony or any crime related to the operation of an educational institution, unless the conviction has been absolutely discharged, expunged, or vacated within the last 10 years.
☐ **Yes** ☐ **No**
If yes, submit a detailed explanation as an attachment (staple) to this renewal application
6. Have any of the Owners and/or Board of Directors/Trustees listed in the “Legal Status” section had a license to operate a vocational program, vocational institution, degree program or degree-granting institution revoked in this state or in any other state or jurisdiction within the last 10 years?
☐ **Yes** ☐ **No**
If yes, submit a detailed explanation as an attachment (staple) to this renewal application.

7. Is the license applicant current in its payments of federal, state tax liabilities and workman's Compensation insurance?
☐ **Yes** ☐ **No**

I hereby acknowledge:

1. That I have thoroughly read and understand A.R.S. §32-3001, et. *Seq.* and the Rules of the A.A.C. in Title 4, Chapter 39, and do attest that I shall devote full time to the duties and responsibilities of operating the school, and will ensure that the school operates in accordance with the laws and rules of the Arizona State Board for Private Postsecondary Education.
2. If the institution is accredited, the institution is in compliance, and will continue to comply, with all standards of accreditation of the institution's accrediting agency.
3. If the institution participates in Title 4 Federal Student Aid programs, the institution is in compliance, and will continue to comply with applicable federal statutes and regulations.
4. Misrepresentation, either intentionally or negligently, of any material information submitted to the Board in documents or information is grounds for disciplinary action.

SIGNATURE

The information contained in this renewal form or provided as part of the content of this application, which I certify to be complete and accurate, is given for the purpose of obtaining a license to operate a private postsecondary institution in the State of Arizona. It is understood that this application, including any attachments thereto, will remain the property of the State Board for Private Postsecondary Education whether or not a license is granted. I authorize said Board to obtain such information as it may require concerning the statements made in this application. Any falsification of information provided in this application form or provided as part of the application, may result in suspension or revocation of any license or in criminal prosecution.

Printed Name of Owner:*
Signature and Date:*

Printed Name of Owner*	
Signature and Date: *	

*Non-Profit entities may substitute an appropriate name/signature.

Subscribed and sworn to before me this _____ day of _____, 20_____.

<i>Notary Public:</i>
<i>My Commission Expires:</i>